119000238943

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
(Only Class Z.p.) Notes my
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
·

Office Use Only



600343143306

04/14/20~~01017~-017 **25.00

2028 APR 14 PM 2: 20

QM1 H/2H/20

COVER LETTER

Division of Cor			
SUBJECT: Birch Ho		nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Louis Allesandrine		
		Name of Person	
	Birch House Stuart,	LLC	
		Firm/Company	
	7901 4th ST N 3	STE 300	
		Address	
	ST. Petersburg, FL 337	02	
		City/State and Zip Code	<u>- </u>
	chim12@mail.com		
For further information co	e-mail address: (to be used for future annual report notif	ication)
Louis Allesandrine		at (203) 417-5264	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Birch House Stuart, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on September 20, 2019	_ and assigned
Florida document number L19000238943		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	2020
N/A	-	TANTARA
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbre	eviation D.C.
Enter new principal offices address, if applicable:	N/A	70 49
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		0 2
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OF FICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		e name of the nev
Name of New Registered Agent: N/A		·
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	zip code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ocean Blue Properties, LLC	7901 4TH ST N STE 300	Add
		ST. PETERSBURG, FL 33702	□ Remove
			Change
AMBR	LOUIS ALLESANDRINE	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	Remove
			Change
AMBR	JILL ALLESANDRINE	7901 4TH ST N STE 300	Add
		ST. PETERSBURG, FL 33702	Remove
		.	
			□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			🗆 Change

N/A	
	
ctive date, if other than the date of filing:	optional) prior to date of filing or more than 90 days after filing.) Pursuant to 60
If the date inserted in this block does not meet the ap	plicable statutory filing requirements, this date will not be lis
ment's effective date on the Department of State's reco	rds.
ecord specifies a delayed effective date, but ne 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earl
e sour day after the record is fised.	
_d April 11 202	'n
<u> </u>	
L' ma	contect 4/11/20
With 1 Olle	eacher 411130

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00